

County: Kenosha  
 BROOKSIDE CARE CENTER  
 3506 WASHINGTON RD

Facility ID: 1700

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KENOSHA 53144 Phone:(262) 653-3800  
 Operated from 1/1 To 12/31 Days of Operation: 366  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/04): 154  
 Total Licensed Bed Capacity (12/31/04): 154  
 Number of Residents on 12/31/04: 152

Ownership:  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 153

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		31.6
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		45.4
Supp. Home Care-Household Services	No	Developmental Disabilities	1.3	Under 65	1.3	More Than 4 Years		23.0
Day Services	No	Mental Illness (Org./Psy)	23.7	65 - 74	7.2			-----
Respite Care	No	Mental Illness (Other)	2.0	75 - 84	28.9			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	42.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.7	95 & Over	20.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.9		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	25.0	65 & Over	98.7	-----		
Transportation	No	Cerebrovascular	7.9		-----	RNs		10.1
Referral Service	No	Diabetes	13.2	Gender	%	LPNs		6.5
Other Services	Yes	Respiratory	4.6	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	17.8	Male	21.1	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	78.9			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	2	2.3	146	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	2	1.3
Skilled Care	10	100.0	303	68	78.2	125	0	0.0	0	55	100.0	180	0	0.0	0	0	0.0	133	87.5
Intermediate	---	---	---	17	19.5	104	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	17	11.2
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	10	100.0		87	100.0		0	0.0		55	100.0		0	0.0		0	0.0	152	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	6.4	Bathing	0.0	75.7	24.3	152
Private Home/With Home Health	3.2	Dressing	5.3	80.9	13.8	152
Other Nursing Homes	36.2	Transferring	33.6	52.6	13.8	152
Acute Care Hospitals	46.8	Toilet Use	10.5	65.8	23.7	152
Psych. Hosp.-MR/DD Facilities	0.0	Eating	55.9	38.8	5.3	152
Rehabilitation Hospitals	1.1	*****				
Other Locations	6.4	Continence		%	Special Treatments	%
Total Number of Admissions	94	Indwelling Or External Catheter	3.9		Receiving Respiratory Care	4.6
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	38.2		Receiving Tracheostomy Care	0.0
Private Home/No Home Health	15.8	Occ/Freq. Incontinent of Bowel	6.6		Receiving Suctioning	0.0
Private Home/With Home Health	8.4				Receiving Ostomy Care	2.0
Other Nursing Homes	0.0	Mobility			Receiving Tube Feeding	0.0
Acute Care Hospitals	10.5	Physically Restrained	5.9		Receiving Mechanically Altered Diets	34.2
Psych. Hosp.-MR/DD Facilities	0.0				Other Resident Characteristics	
Rehabilitation Hospitals	0.0	Skin Care			Have Advance Directives	88.2
Other Locations	3.2	With Pressure Sores	1.3		Medications	
Deaths	62.1	With Rashes	2.6		Receiving Psychoactive Drugs	65.1
Total Number of Discharges (Including Deaths)	95					

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Government Peer %	Group Ratio	Bed Size: 100-199 Peer %	Group Ratio	Licensure: Skilled Peer %	Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	99.4	93.1	1.07	90.2	1.10	90.5	1.10	88.8	1.12
Current Residents from In-County	100	86.2	1.16	82.9	1.21	82.4	1.21	77.4	1.29
Admissions from In-County, Still Residing	51.1	33.0	1.55	19.7	2.59	20.0	2.55	19.4	2.63
Admissions/Average Daily Census	61.4	79.1	0.78	169.5	0.36	156.2	0.39	146.5	0.42
Discharges/Average Daily Census	62.1	78.7	0.79	170.5	0.36	158.4	0.39	148.0	0.42
Discharges To Private Residence/Average Daily Census	15.0	29.9	0.50	77.4	0.19	72.4	0.21	66.9	0.22
Residents Receiving Skilled Care	88.8	89.7	0.99	95.4	0.93	94.7	0.94	89.9	0.99
Residents Aged 65 and Older	98.7	84.0	1.17	91.4	1.08	91.8	1.08	87.9	1.12
Title 19 (Medicaid) Funded Residents	57.2	73.3	0.78	62.5	0.92	62.7	0.91	66.1	0.87
Private Pay Funded Residents	36.2	18.3	1.98	21.7	1.67	23.3	1.56	20.6	1.76
Developmentally Disabled Residents	1.3	2.7	0.49	0.9	1.40	1.1	1.17	6.0	0.22
Mentally Ill Residents	25.7	53.0	0.48	36.8	0.70	37.3	0.69	33.6	0.76
General Medical Service Residents	17.8	18.6	0.95	19.6	0.91	20.4	0.87	21.1	0.84
Impaired ADL (Mean)	47.8	47.5	1.01	48.8	0.98	48.8	0.98	49.4	0.97
Psychological Problems	65.1	69.4	0.94	57.5	1.13	59.4	1.10	57.7	1.13
Nursing Care Required (Mean)	5.6	7.4	0.76	6.7	0.83	6.9	0.81	7.4	0.75